

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD)		FEC IDENTIFICATION NUMBER ▼ C C00563064	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 08 / 26 / 2014</div>	

Full Name of Payee ccAdvertising			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2014		
Mailing Address 14001C Saint German Dr Ste 353			Amount 6928.58		
City Centerville	State VA	Zip Code 20121	Transaction ID : SE.4520		
Purpose of Expenditure Voter ID Call Centers		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate THOMAS COTTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee ccAdvertising			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2014		
Mailing Address 14001C Saint German Dr Ste 353			Amount 1071.42		
City Centerville	State VA	Zip Code 20121	Transaction ID : SE.4521		
Purpose of Expenditure Voter ID Call Centers		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 12 / 2014		
Name of Federal Candidate THOMAS COTTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	8000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

 MM / DD / YYYY
 08 / 29 / 2014

Signature